

June 7 2019

Re: Docket 18-336

Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

I am writing to urge you to designate a 3-digit code as a Behavioral Health and Suicide Crisis Lifeline, and to reject the North American Numbering Council (NANC) recommendation that no such line should be established. The NANC simply fails to appreciate the severity of the mental health and suicide crisis we are facing in the United States, and as such they elevated convenience and status quo over the desperate need for an easy to access crisis service.

We are in the midst of a crisis in the United States. We are losing loved ones, neighbors and colleagues to suicide at a shocking and unprecedented rate. Over 47,000 people in the United States died by suicide in 2017, according to the Centers for Disease Control. Put another way: more Americans died by suicide 2017 than were killed in action in 40 years of the Vietnam War. 2018 likely saw at least 47,000 more deaths by suicide, and we will see another 47,000 or more deaths again this year. Suicide was the second leading cause of death among young people in the United States, and there were more than twice as many suicides (47,173) in the United States as there were homicides (19,510). Further, 1.3 million adults in the United States attempted suicide in 2017, and nearly 10 million had serious thoughts of suicide.

As such, I am most disappointed to learn that the NANC has opted for status quo and half-measures to address the mental health crisis we are facing as Americans. It seems apparent that the NANC's reluctance is grounded in devotion to the status quo – when the status quo of 47,000 dead by suicide is simply unacceptable.

The time is now to embrace mental and emotional wellness as a national priority and to deliver 3-digit access to crisis intervention services. Three-digit access will:

- Deliver timely and effective crisis intervention services to millions of Americans
- Make it easier to connect people in need with help
- Meet the dramatically growing need for crisis intervention
- Help eliminate the stigma of mental health by normalizing help seeking for mental illness with the same priority we deliver for services like fire and rescue, social service referral, and telecommunication referral for people with hearing disabilities

I believe 3-digit access to behavioral health and suicide crisis intervention is an important opportunity to meet the growing crisis of behavioral health in the United States. Three-digit access is a natural next step given the growth and proven effectiveness of the National Suicide Prevention Lifeline. Three-digit access will also help remove the stigma associated with mental health challenges. Three-digit access to crisis services represents a national recognition that seeking help for behavioral health and suicidal crisis is just as much a part of life as seeking help for fire, for injury, or for other health and wellness needs. I cannot tell you how many parents I have met – parents who lost their child to untreated crisis – who have told me that they lost their child to stigma. These children grew up in a world where getting help for mental health crisis is shunned, uncool, and something we don't talk about.

Finally, I note that the NANC's suggests instead of a behavioral health line that 211Info be used for 3-digit access to crisis intervention, rather than a dedicated behavioral health and suicide lifeline. This is,

frankly, a preposterous suggestion that minimizes the imperative of effective crisis intervention and would simply add delay and complexity to obtaining crisis services rather than easing access as Congress is demanding.

If you for one moment consider using 211Info as a suicide crisis line, I urge you to pick up the phone and call 211Info – what you will find on the other end of the line is nearly endless automated phone tree that navigates you through a broad array of services from rent assistance to radon remediation. The very last thing a person in crisis needs is a lengthy automated phone tree. What our callers need is a human connection with a behavioral health counselor specifically trained to help people thinking about killing themselves.

211Info provides a vital service – connection to a vast array of social services. However, 211Info’s mission and expertise do not include mental health services. At the National Suicide Prevention Lifeline (NSPL), highly skilled crisis intervention specialists such as myself go through extensive training and operate under careful supervision to provide quality safe mental health crisis intervention. We save lives – quite literally – every day. Like all NSPL affiliates, we at Lines for Life are subject to rigorous accreditation to ensure safe, healthy services to our clients in crisis, including accreditation by the American Association of Suicidology.

Crisis calls to 211 generally result in referral to an NSPL affiliate. Using 211 as a crisis portal would thus add delay to people in crisis who need help now. Moreover, using 211 as a crisis portal would forfeit the value in normalizing help seeking that would come from creating dedicated Behavioral Health Crisis and Suicide Lifeline.

In short, we have great respect and appreciation for our colleagues at 211Info, and we support close partnership and jointly operated services where ever possible. Mental health crisis intervention requires a very different expertise, and our nation’s crisis in suicide and behavioral health warrants a service devoted exclusively to meeting these needs, not a service added to the long list of non-mental health related social services currently managed by 211Info.

Thank you very much for your interest and thoughtful approach to this important issue. We stand at the threshold of a revolution in improved mental health and wellness services for people throughout the United States. The FCC is poised to take an important step in that revolution by designating a 3-digit Behavioral Health and Suicide Crisis Lifeline. As a longtime member of the National Suicide Prevention Lifeline as well as a therapist in private practice, I stand ready to help make this national service a reality, and I urge the FCC to make this designation.

Very truly yours,

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